

**Political Organization
Report of Contributions and Expenditures**

OMB No. 1545-1696

▶ See separate instructions.

A For the period beginning July 1, 2000 and ending September 30, 2000

B Check applicable boxes: ☒ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization ICC yes.org **Employer identification number** 52-2256666

2 Mailing address (P.O. Box or number, street, and room or suite number)
20010-G Fisher Avenue, Suite 205
City or town, state, and ZIP code Poolesville, MD 20837

3 E-mail address of organization WWW.ICCyes.org **4** Date organization was formed 1/2000

5a Name of custodian of records K. Jane Williams-Ward **5b** Custodian's address
7818 Breakstone Court
Ellicott City, MD 21043

6a Name of contact person K. Jane Williams-Ward **6b** Contact person's address
7818 Breakstone Court
Ellicott City, MD 21043

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
Same as above
City or town, state, and ZIP code Same as above

8 Type of report (check only one box)

a ☐ First quarterly report (due by April 15)

b ☐ Second quarterly report (due by July 15)

c ☒ Third quarterly report (due by October 15)

d ☐ Year-end report (due by January 31)

e ☐ Mid-year report (Non-election year only-due by July 31)

f ☐ Monthly report for the month of: _____
(due by the 20th day following the month shown above, except the December report, which is due by January 31)

g ☐ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election: _____
(2) Date of election: _____
(3) For the state of: _____

h ☐ Post-general election report (due by the 30th day after general election)
(1) Date of election: _____
(2) For the state of: _____

9 Total amount of reported contributions (total from all attached Schedules A). **9** 3,200.00

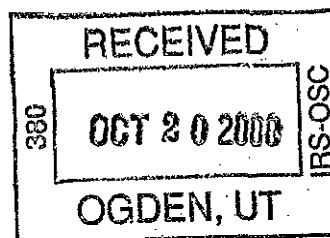
10 Total amount of reported expenditures (total from all attached Schedules B). **10** 9,000.00

Sign Here Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

▶ K. Jane Williams-Ward ▶ 10/13/00
Signature of authorized official Date

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 30406G

Form **8872** (7-2000)

Schedule A Itemized Contributions		Schedule A page 1 of 1
Name of organization		Employer identification number
ICC Yes. Org		521225-6666
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
Rodgers and Assoc., Inc.	Same	
9260 Gaither Road,	Contributor's occupation	
Gaithersburg, MD 20877	Same	
	Aggregate contributions year-to-date	\$ 500.00
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
Phillips International, Inc.	Same	
7811 Montrose Rd.,	Contributor's occupation	
Potomac, MD 20854	Same	
	Aggregate contributions year-to-date	\$ 500.00
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
Pleasant Development, Inc.	Same	
24012 Frederick Road	Contributor's occupation	
Clarksburg, MD 20871	Same	
	Aggregate contributions year-to-date	\$ 500.00
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
Suburban Hospital	Same	
8600 Old Georgetown Rd	Contributor's occupation	
Bethesda, MD. 20814	Same	
	Aggregate contributions year-to-date	\$ 500.00
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
Mamsi Health Plans	Same	
#4 Taft Court	Contributor's occupation	
Rockville, MD 20850	Same	
	Aggregate contributions year-to-date	\$ 500.00
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
Bank of America	Same	
730 15th Street, NW.	Contributor's occupation	
9th Floor	Same	
Washington, DC 20005-1002	Aggregate contributions year-to-date	\$ 500.00
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
JTF Management Services	Same	
11411 Rockville Pike	Contributor's occupation	
Rockington, MD 20895	Same	
	Aggregate contributions year-to-date	\$ 200.00
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date	\$
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date	\$

Subtotal of contributions reported on this page only. Enter here and also include this amount in the total on line 9 of Form 8872

\$ 3,200.00

Schedule B Itemized Expenditures		Schedule B page 1 of 1
Name of organization		Employer identification number
Name of organization ICC Yes.org		Employer identification number 52 2256666
Recipient's name, mailing address and ZIP code Metro Networks P.O. Box 4346, Dept. No. 157 Houston, TX 77210-4346	Name of recipient's employer Same Recipient's occupation Advertising	Amount of each expenditure reported for this period \$ 3,500.00
Recipient's name, mailing address and ZIP code Virtual Sprockets, Inc. 20010 G. Fisher Avenue, Suite 205 Poolesville, MD 20837	Name of recipient's employer Same Recipient's occupation Website Developer	Amount of each expenditure reported for this period \$ 5,500.00
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872.		\$ 9,000.00

